

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6012595</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/17/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ELEVATE CARE ABINGTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3901 GLENVIEW ROAD GLENVIEW, IL 60025</b>
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S 000	Initial Comments  Complaint Investigation:  2294528/IL147830	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.610a) 300.1210b) 300.1210d)2)  Section 300.610 Resident Care Policies  a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.  Section 300.1210 General Requirements for Nursing and Personal Care  b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>resident to meet the total nursing and personal care needs of the resident.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>These requirements are not meet as evidenced by:</p> <p>Based on interviews and record reviews, the facility failed to implement orders from an authorized practitioner related to a urine test for one (R4) of three residents reviewed for quality of care. This deficiency resulted in R4 being sent out to a local emergency room secondary to back pain and status post fall caused by confusion. R4 was admitted to the hospital with diagnoses of urinary tract infection and altered mental status.</p> <p>Findings include:</p> <p>R4 is an 89-year-old female, admitted in the facility on 09/08/2021 with diagnoses of Atherosclerotic Heart Disease of native Coronary Artery without Angina Pectoris; Heart Failure, Unspecified and Obstructive and Reflux Uropathy, Unspecified.</p> <p>According to R4's progress notes, the following were documented in part but not limited to the following: 11/19/2021: R4 was observed to be confused and disoriented. The progress notes also read: "Will endorse to monitor mentation. No urinary frequency, no complaints of dysuria noted during</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>shift. Oral fluids encouraged."</p> <p>11/24/2021: CBC (complete blood count) with differential and Platelets results relayed to V8 (Nurse Practitioner), ordered UA (urinalysis) C/S (culture and sensitivity).</p> <p>11/30/2021 time stamped 4:15 AM: At 4 AM, R4 was found sitting on the floor, no bruise or injury noted, asked what happened, she said, "I don't know, I fell," denies pain and denies hitting head, alert and confused.</p> <p>11/30/2021 time stamped 12:56 PM: R4 had fallen out of her bed. Noted to be laying down on the floor next to the bed. Alert, oriented x 1 (meaning awareness to reality at the moment), able to answer simple questions.</p> <p>R4 was transferred out to the emergency room for further evaluation and management as ordered.</p> <p>Progress notes dated 11/30/2021 time stamped 2:52 PM indicated that R4 will be admitted to the hospital with diagnoses of UTI (urinary tract infection) and AMS (altered mental status).</p> <p>Per R4's hospital records' discharge summary notes dated 12/08/2021 reads: Detailed Hospitalization Summary: Has history of humeral neck fracture from previous fall, who presents after unwitnessed fall, found to have UTI (urinary tract infection). Acute urinary retention, Leukocytosis, Acute Cystitis without Hematuria, E - coli (Escherichia coli) on admission, Acute Metabolic Encephalopathy due to above.</p> <p>R4's hospital's laboratory result for urine culture dated 11/30/3021 indicated abnormal; Escherichia coli of greater than 100,000 cfu/ml (colony forming unit).</p> <p>During review of R4's medical records in the</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>facility, there was no result found regarding UA C/S test or an order from physician order sheets on 11/24/2021.</p> <p>On 06/15/2022 at 12:20 PM, V2 (Director of Nursing) was asked regarding R4' urine test. V2 stated, "On R4, I called laboratory but no urinalysis culture and sensitivity test was found on 11/24/2022. It was in the progress notes that UA C/S was ordered. I don't have any explanation as to what happened. Based on her labs on 11/24/22, her WBC (white blood count) was 12.59, which was high so UA C/S was ordered but I cannot find any documentation of the result."</p> <p>Laboratory test dated 11/24/2021 indicated that R4's WBC (white blood cell) count was 12.59. Normal count is 4.80 to 10.80.</p> <p>V8 (Nurse Practitioner) was also asked on 06/15/2022 at 2:29 PM regarding R4. V8 replied, "If it was written in the progress notes, most likely I ordered for a UA C/S. I can't recall if a result was relayed to me. I expect staff that orders should be carried out and should be relayed to me. UA C/S is one part of the spectrum in treating UTI. Nurses must notify me of any unusual changes so I can check and be able to make some orders. The UA C/S is a component of a larger picture in identifying possible infections and among other things with R4."</p> <p>On 06/16/2022 at 1:10 PM, V15 Licensed Practical Nurse (LPN) was asked regarding R4 and for orders related to laboratory test. V15 replied, "For verbal orders or telephone orders, I enter it to eMAR (electronic medication administration record) and for laboratory test, we make a requisition form and make the necessary endorsements. Laboratory technician comes to</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>the facility every day in the morning. If it's a STAT (immediately) order, we call them, and it is done right away. If its UA C/S, will ask physician for straight catheterization if needed or if resident can go to the bathroom to take the specimen. Most of the time, R4 goes to the bathroom with assistance. She urinates in the bathroom. If there is an order from nurse practitioners or medical doctors, it should be carried out."</p> <p>A follow- up interview with V2 was conducted on 06/16/2022 at 11:40 AM regarding R4's hospitalization. V2 verbalized, "On that day of 11/30/2021, she was sent out after a fall incident and complained of pain in the back. She was admitted in the hospital and was diagnosed with AMS and UTI. I believe she runs high WBC and not sure of colonization. On 11/19/21, she was having more confusion and disoriented. The nurse made an assessment, and she was assessed for signs and symptoms of UTI but none and determined that it was her baseline. She had a blood draw on 11/22/21 and on 11/24/21. The result of the WBC on 11/24/21 was 12.59, meaning could be an indication of infection or could be her normal. So, a UA C/S was ordered to double check for any possible infection. It was not carried out. For R4, when the nurse received a telephone or verbal order, they must put it into electronic record as an order and they have to write a laboratory requisition. But it was not done. It should be done, if a doctor gives an order, it should be carried out."</p> <p>V14 (Primary Physician) was also interviewed on 06/16/2022 at 12:41 PM regarding R4. V14 replied, "I have been taking care of her for quite some time now. She has Dementia, has some occasional confusion, she can verbalize her needs; hard of hearing but able to follow</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>commands and answer questions. I am not sure why the urine was not collected if it was ordered. The order should be carried out."</p> <p>Facility's policy titled "Verbal Order" revised date February 2014, stated in part but not limited to the following: Policy Statement, Verbal orders shall only be given in an emergency or when the Attending Physician is not immediately available to write or sign the order. Policy Interpretation and implementation: 4. The individual receiving the verbal order must write it on the physician's order sheet as "v.o" (verbal order) or "t.o." (telephone order).</p> <p>V2 stated that facility does not have any policy regarding following physician's orders.</p> <p>(A)</p>	S9999		